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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/929,592 08/14/2001 PAT 6,660,831 which claims benefit of 60/224,991 08/14/2000 *PL ✓ OK*

**** FOREIGN APPLICATIONS ******* *PL (none)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

**** 03/10/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>PL</i>				

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TITLE
 Methods for diagnosing and treating dysautonomia and other dysautonomic conditions

FILING FEE RECEIVED 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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